



2024 NATIONAL PUBLIC POLICY PRIORITIES

The National Service Office (NSO) for Nurse-Family Partnership and Child First is committed to serving more families and children with a holistic approach focusing on the highest need communities by providing evidence-based services that improve physical and mental health, child welfare, educational success, and family self-sufficiency. This shared multi-generational focus has demonstrated a clear and measurable return on investment by effectively using community resources and maximizing the impact of public and private funds. The NSO is focused on advancing bipartisan, evidence-based policy solutions that improve the health and well-being of families and promote economic mobility for communities.

1) SUSTAIN AND EXPAND PUBLIC FUNDING FOR NURSE-FAMILY PARTNERSHIP, CHILD FIRST, AND OTHER EVIDENCE BASED FAMILY SUPPORT PROGRAMS.

- Maximize the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and state home visiting funds to support the sustainability, growth, and impact of Nurse-Family Partnership, Child First, and other evidence-based home visiting programs.
- Improve Medicaid reimbursement for both Nurse-Family Partnership and Child First, ensuring that not only are families receiving coverage, but that coverage is paired with the right combination of services to achieve better maternal and child health outcomes. The NSO supports braided funding strategies that provide clarity on coverage options for evidence-based home visiting for expectant parents and children.
- Support the sustainability and growth of Nurse-Family Partnership and Child First programs through securing and expanding eligible funding sources including Family First Prevention Services Act (FFPSA), Temporary Assistance for Needy Families (TANF), the Child Abuse Prevention and Treatment Act (CAPTA), the Community Mental Health Services Block Grant (MHBG), and state initiatives that support prevention and intervention programs.

2) SUPPORT POLICY CHANGES AND SYSTEMS DEVELOPMENT FOCUSED ON REDUCING DISPARITIES, IMPROVING CARE COORDINATION, EXPANDING ACCESSIBILITY TO HIGH QUALITY CARE.

- Strengthen coordination across systems, programs, and primary care providers to connect families to the high-quality services.
- Prioritize public funding and policies that support upstream prevention and intervention programs and encourage implementation with accountability.
- Increase federal and state support for performance-based strategies that produce return-on-investment and service delivery of intended outcomes.

3) PRIORITIZE CLINICAL WORKFORCE INNOVATIONS THAT BUILD STRONGER PIPELINES AND IMPROVE RETENTION RATES.

- Ensure public funding prioritizes workforce needs such as equitable pay and the recruitment and retention of nurses and mental health professionals.
- Support innovations that build a diverse workforce pipeline, including loan repayment, public health

service incentives, compact licensure, and health clinician education pathways.

- Protect full scope of licensed practice and compact licensure under Medicaid or other public funding streams that support Nurse-Family Partnership and Child First.

4) INVEST IN PREVENTION AND INTERVENTION PROGRAMS THAT IMPACT ECONOMIC MOBILITY.

- Support family self-sufficiency through safety net resources to families facing the greatest disparities, including nutrition assistance, safe and affordable housing, mental and behavioral health supports, child and family welfare, workforce development, and education.
- Strengthen families' workforce participation and self-sufficiency through policies such as paid leave and child care.

PROGRAMMATIC OVERVIEW

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that helps transform the lives of babies born to first-time parents facing a range of challenges to breaking the cycle of intergenerational poverty. Families enrolled in NFP face significant challenges to leading healthy lives and overcoming adversity. NFP addresses these challenges by partnering expectant parents with a registered nurse at a pivotal moment — beginning early in pregnancy with a first child – and providing ongoing nurse home visits that continue through the child's second birthday. NFP is among the most proven and widely replicated programs during this critical period that has dramatic and lasting impacts on the health and well-being of vulnerable families. Independent research proves that communities also benefit from this relationship — every dollar invested in Nurse-Family Partnership can yield more than five dollars in return for families at highest risk¹.

Child First® is an evidence-based, early childhood mental health program that helps vulnerable young children (prenatal – age five years) and their families heal from the damaging effects of adversity, trauma and chronic stress. The goal is to decrease behavioral/mental health problems, delays in development/learning, as well as abuse and neglect. The program pairs young children and their families with a licensed mental health clinician and a care coordinator, who work in the home to provide parent-child psychotherapeutic intervention and connection to comprehensive community services and supports. Child First stabilizes families, strengthens the parent-child relationship and improves the health and wellbeing of parents and children.

For questions or more information, please contact our Policy & Government Affairs Team at pga@nursefamilypartnership.org

¹ Early Childhood Interventions, Proven Results, Future Promise, Karoly, Kilburn, Cannon, 2005.